

# Westchester County Department of Health

## Children's Camp Workshop 2017 Certificate of Compliance

This form certifies that the names listed below have viewed all of the Westchester County required Summer Camp Workshop presentations.

Camp Name:				
Camp Permit #	59 -		59 -	
	59 -		59 -	
	59 -		59 -	
	59 -		59 -	

Please enter your **Camp Name(s) and Permit #** in the above fields. Input all Camp ID #'s if you operate multiple camps. Once you and your staff have completed viewing the material from the links sent to you, fill in the Name and title of each person and **check off** each presentation viewed with an **X** from the list below. All titles in **red** are required viewing for the Camp Director. Camps that do not swim or have aquatic trips are not required to view the Aquatics Videos. We highly recommend that all staff is afforded the opportunity to view all videos and presentations. **A link to the Survey Monkey questionnaire will be sent to the email we have on file for your organization.**

Name (First Last):			Title:		
<a href="#">Aquatics (Buddy Board/System)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Part 7-2 Amendments – Developmentally Disabled Campers</a>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Survey Monkey Completed - "Inspection Preparedness" (link to be sent to you by email)</a>	<input type="checkbox"/>	<input type="checkbox"/>

Name (First Last):			Title:		
<a href="#">Aquatics (Buddy Board/System)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Part 7-2 Amendments – Developmentally Disabled Campers.</a>	<input type="checkbox"/>	<input type="checkbox"/>
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For further assistance, CONTACT the Mt. Kisco District Office during normal working hours 8:30am-4:30pm at 864-7330